

Job Search Log

NAME: _____ SSN: _____ **Keep this document for your records**

INSTRUCTIONS: Please use black or blue ink only. Keep this Job Search Log for your records. Do not send it to us unless we ask for it. You must complete a Log for each week you claim unemployment benefits. You must have a combined total of three employer contacts or approved job-search activities each week. You can get more Logs at your local WorkSource office or online at log.go2ui.com.

We may call the employers listed to verify that you looked for work. We may ask you for a copy of your Job Search Log any time up to 60 days past the end of your benefit year or up to 30 days after receiving any benefits, whichever is later. Providing false information is fraud that can result in a denial of your unemployment benefits and additional penalties.

Employer Contacts and Job Search Activities

	Date of Contact Mo-Da-Yr	Business Name with Complete Mailing Address/Web Address or WorkSource Office	How Contact was Made (Include phone number or complete e-mail address for all contacts)	Contact Person or Job Reference Number	Position Applied For or Approved WorkSource Activity
CONTACT 1		Business/WorkSource Office Name	<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Online		<input type="checkbox"/> Application / Resume <input type="checkbox"/> Interview
		Street, P.O. Box or Web Address	<input type="checkbox"/> Phone: (.....).....		
		City, State and Zip Code	<input type="checkbox"/> Fax: (.....)..... <input type="checkbox"/> E-mail:		
CONTACT 2			<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Online		<input type="checkbox"/> Application / Resume <input type="checkbox"/> Interview
			<input type="checkbox"/> Phone: (.....).....		
			<input type="checkbox"/> Fax: (.....)..... <input type="checkbox"/> E-mail:		
CONTACT 3			<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Online		<input type="checkbox"/> Application / Resume <input type="checkbox"/> Interview
			<input type="checkbox"/> Phone: (.....).....		
			<input type="checkbox"/> Fax: (.....)..... <input type="checkbox"/> E-mail:		
CONTACT 4			<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Online		<input type="checkbox"/> Application / Resume <input type="checkbox"/> Interview
			<input type="checkbox"/> Phone: (.....).....		
			<input type="checkbox"/> Fax: (.....)..... <input type="checkbox"/> E-mail:		
CONTACT 5			<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Online		<input type="checkbox"/> Application / Resume <input type="checkbox"/> Interview
			<input type="checkbox"/> Phone: (.....).....		
			<input type="checkbox"/> Fax: (.....)..... <input type="checkbox"/> E-mail:		
CONTACT 6			<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Online		<input type="checkbox"/> Application / Resume <input type="checkbox"/> Interview
			<input type="checkbox"/> Phone: (.....).....		
			<input type="checkbox"/> Fax: (.....)..... <input type="checkbox"/> E-mail:		

**For
official
use only**

Week Being Verified	<input type="checkbox"/> Reschedule	WS Office Name or #	TeleCenter #	Staff Initials

The Employment Security Department is an equal opportunity employer and provider of programs and services. Auxiliary aids and services are available upon request to persons with disabilities. Auxiliary aids may include qualified interpreters and telecommunication devices (TTY) for hearing or speech impaired individuals. Individuals with limited English proficiency may request interpretive services free of charge to the customer in order to conduct business with the department.

Name: SSN:

	Date of Contact Mo-Da-Yr	Business Name with Complete Mailing Address/Web Address or WorkSource Office	How Contact was Made (Include phone number or complete e-mail address for all contacts)	Contact Person or Job Reference Number	Position Applied For or Approved WorkSource Activity
CONTACT 7		Business/WorkSource Office Name Street, P.O. Box or Web Address City, State and Zip Code	<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Online <input type="checkbox"/> Phone: (.....)..... <input type="checkbox"/> Fax: (.....)..... <input type="checkbox"/> E-mail:		<input type="checkbox"/> Application / Resume <input type="checkbox"/> Interview
CONTACT 8			<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Online <input type="checkbox"/> Phone: (.....)..... <input type="checkbox"/> Fax: (.....)..... <input type="checkbox"/> E-mail:		<input type="checkbox"/> Application / Resume <input type="checkbox"/> Interview
CONTACT 9			<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Online <input type="checkbox"/> Phone: (.....)..... <input type="checkbox"/> Fax: (.....)..... <input type="checkbox"/> E-mail:		<input type="checkbox"/> Application / Resume <input type="checkbox"/> Interview
CONTACT 10			<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Online <input type="checkbox"/> Phone: (.....)..... <input type="checkbox"/> Fax: (.....)..... <input type="checkbox"/> E-mail:		<input type="checkbox"/> Application / Resume <input type="checkbox"/> Interview
CONTACT 11			<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Online <input type="checkbox"/> Phone: (.....)..... <input type="checkbox"/> Fax: (.....)..... <input type="checkbox"/> E-mail:		<input type="checkbox"/> Application / Resume <input type="checkbox"/> Interview
CONTACT 12			<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Online <input type="checkbox"/> Phone: (.....)..... <input type="checkbox"/> Fax: (.....)..... <input type="checkbox"/> E-mail:		<input type="checkbox"/> Application / Resume <input type="checkbox"/> Interview
CONTACT 13			<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Online <input type="checkbox"/> Phone: (.....)..... <input type="checkbox"/> Fax: (.....)..... <input type="checkbox"/> E-mail:		<input type="checkbox"/> Application / Resume <input type="checkbox"/> Interview
CONTACT 14			<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Online <input type="checkbox"/> Phone: (.....)..... <input type="checkbox"/> Fax: (.....)..... <input type="checkbox"/> E-mail:		<input type="checkbox"/> Application / Resume <input type="checkbox"/> Interview
CONTACT 15			<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Online <input type="checkbox"/> Phone: (.....)..... <input type="checkbox"/> Fax: (.....)..... <input type="checkbox"/> E-mail:		<input type="checkbox"/> Application / Resume <input type="checkbox"/> Interview